The Commonwealth of Massachusetts
EMPLOYEE PAYROLL GARNISHMENT
FULL PAYMENT REQUEST FORM

TO DEPARTMENT PAYROLL OFFICER:

Pursuant to Title 15 of the United States Code Section 1673, an employer is required to limit the amount of an employee's disposable income subject to garnishments. The state payroll system HR/CMS has been set up to support these limits.

As a result, the amount of certain garnishments for which I am subject may be reduced (or have been reduced) to comply with these limits, which may result (or has resulted) in a garnishment payment of a lesser amount than indicated in the relevant garnishment order.

I hereby authorize my payroll office to deduct any additional amounts from my disposable income to enable the payment of the full amount of the garnishment orders that I have checked below:

_____ Child Support Order(s)
_____ Spousal Support Order(s)
_____ Tax Garnishment(s)
_____ Student Loan(s)
_____ DTA/DMA repayment(s)
_____ Other court ordered garnishment: (Please specify): _____
        _____
_____ All garnishments for which I am subject

Employee Name (please print) : _____

Employee Signature: _____

Employee Social Security #: _____

Date (this form must be dated): _____

This form must be retained in employee's personnel or other file to maintain confidentiality.